

4

+

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| | | | | | |
|---|---|----|--------------------------|------------------------|----------------|
| Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i> | | | Complete if Known | | |
| | | | Application Number | TBA | |
| | | | Filing Date | Herewith | |
| | | | First Named Inventor | Max Gmür | |
| | | | Group Art Unit | TBA | |
| | | | Examiner Name | TBA | |
| Sheet | 1 | of | 2 | Attorney Docket Number | 10069 US VE/fv |

[illegible][illegible]

| | | | |
|-----------------------|---|--------------------|---------|
| Examiner Signature | | Date Considered | 4/13/06 |
|-----------------------|---|--------------------|---------|

¹ Unique citation designation number. ² See attached Kinds of U.S. Patent Documents. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+



+

U. S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Und

Substitute for form 1449B/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

| | | | |
|-------|---|----|---|
| Sheet | 2 | of | 2 |
|-------|---|----|---|

[illegible]

| | |
|---|-----------------|
| Examiner Signature | Date Considered |
|  | 4/13/06 |

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.

+